

**Current Health Fund Administrative Rules
Comparison with Project Team Proposed HEUHBTF Rules**

3/20/02

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	CHAPTER 30 GENERAL INFORMATION		1.00 GENERAL PROVISIONS	
§6-30-1	Purpose. Chapter 87, Hawaii Revised Statutes, establishes a health trust fund to be known as the "Hawaii public employees health fund." The fund is to be used to provide eligible state and county employees and their dependents with health, children's dental, group life, and long-term care insurance plan benefits. Chapters 30 through 36 are adopted by the board to implement the administration of the fund. [Eff. 1/22/82; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-2, 87-22)			
§6-30-2	Definitions. As used in these rules, unless otherwise indicated by context: "Administrator" means the administrator of the health fund appointed by the board or the duly authorized representative of the administrator; "Beneficiary" means the surviving spouse or any unmarried child under the age of nineteen, including an adopted child, stepchild, foster child, or recognized natural child of an employee who is killed in the performance of duty or of a deceased retired member of a state or county retirement system;	1.01	Definitions To the extent not defined below, the definitions in Section 87A-1 of the Hawaii Revised Statutes shall apply to these rules. As used in these rules, unless otherwise indicated by the context, the following terms shall have the following meanings: "Beneficiary" means an employee-beneficiary's: (1) surviving spouse; (2) unmarried child under the age of nineteen; and (3) unmarried child under the age of twenty-five provided the child is a full-time student. "Benefits plan" means a health benefits plan, a group life insurance plan that is subject to Section 79 of the Internal Revenue Code, or any other type of benefits plan except for a long-term care benefits plan.	The term, "Administrator", is not used in the proposed rules. Proposed rule includes a child under age 25 who is a full-time student. Also see "child" defined. The proposed rule limits the group life insurance plan to a plan subject to §79, IRC, which provides non-taxed benefits; currently the type of plan offered by PEHF.

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	<p>"Foster child" means a child under the age of nineteen living with an employee-beneficiary in a regular parent-child relationship; the employee-beneficiary must have filed a petition with the family court to become the child's guardian or adoptive parent.</p> <p>"Employing agency" means the department or sub-division of the State or county which is the appointing authority of an employee. For retired members or their surviving spouses and dependent children under the age of nineteen who receive retirement or pension allowances, the health fund or the respective county retirement system that pays their retirement or pension allowance shall be their employing agency; for all other employee-beneficiaries, the health fund;</p>		<p>"Board" means the board of trustees of the Hawaii Employer-Union Health Benefits Trust Fund established under Chapter 87A of the Hawaii Revised Statutes.</p> <p>"Child" means a legally adopted child, stepchild, foster child, or recognized natural child of an employee. A foster child is a child that: (1) lives with an employee in a regular parent-child relationship; and (2) the employee has filed a petition with a family court to become the child's guardian or adoptive parent or has been awarded legal and physical custody of the child pursuant to a valid court order.</p> <p>"Dependent-beneficiary" shall mean the persons described in Rule 3.02 of these rules as being eligible for coverage as dependent-beneficiaries in the benefits plans offered or sponsored by the Fund.</p> <p>"Employee" shall have the meaning set forth in Section 87A-1 of the Hawaii Revised Statutes.</p> <p>"Employee-beneficiary" shall mean the persons described in Rule 3.01 of these rules as being eligible to enroll as employee-beneficiaries in the benefits plans offered or sponsored by the Fund.</p> <p>"Employing agency" means: (1) for active employees, the department or subdivision of the state or county that is the appointing authority of the employee; (2) for retired employees or their surviving spouses and dependent children under the age of nineteen who receive retirement or pension allowances, the entity that pays their retirement or pension allowances shall be their employing agency; and (3) for all other employee-beneficiaries, the Fund shall be their employing agency.</p>	<p>Proposed definition incorporates PHEF's "foster child" definition.</p> <p>New</p>

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			<p>"Full-time student" means a student that is enrolled in an accredited college or university for not less than the minimum number of credit hours required by such educational institution to have full-time student status. An accredited college or university means a college or university that is recognized by the American College of Education.</p>	New. The American College of Education is a recognized compilation of acceptable accredited colleges or universities.
			<p>"Fund" shall mean the Hawaii Employer-Union Health Benefits Trust Fund established under Chapter 87A of the Hawaii Revised Statutes.</p>	New
	"Health fund benefit plan" means a benefit plan established or administered by the board, or a third-party administrator on behalf of the board, under chapter 87, Hawaii Revised Statutes.		<p>"Fund benefits plan" means a benefits plan offered or sponsored by the Fund.</p>	Same
			<p>"Non-Fund benefits plan" means a benefits plan offered or sponsored by a private employer or an entity other than the Fund.</p>	New
			<p>"Qualified beneficiary" shall have the meaning set forth in Section 87A-1 of the Hawaii Revised Statutes.</p>	New
	"Qualified Medical Child Support Order" means any judgment, decree, or order issued by a court of competent jurisdiction that requires the provision of health benefit coverage to a child or children of a noncustodial parent.		<p>"Qualified medical child support order" means any judgment, decree, or order issued by a court of competent jurisdiction that requires the provision of health benefits coverage to a child of a non-custodial parent.</p>	Same

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	<p>"Retired member" means an employee who has retired from active employment and is currently receiving a retirement allowance from a State or county retirement system.</p> <p>"State or county retirement system" means the employees' retirement system, the county pension system or the police, firemen, or bandsmen pension system of the State or county. [Eff. 1/22/82; am 3/7/88; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-1, 87-25)</p>		<p>"Retired member" or "retired employee" means a person who is currently receiving a retirement or pension allowance from a state or county retirement system.</p> <p>"State or county retirement system" means the employees' retirement system, the county pension system, or the police, fire, or bandsmen pension system of the State or any county.</p> <p>"Trustee group" means the group composed of the five trustees representing public employers or the group composed of the five trustees representing employee-beneficiaries.</p>	<p>Same</p> <p>Same</p> <p>New</p>
§6-30-3	<p>Public information. Information concerning the health fund and its benefit plans, rules, final opinions, orders, and written statements of policy or interpretations formulated, adopted, or used by the health fund in the discharge of its functions are available for public inspection at the office of the health fund during regular business hours or by writing to the administrator. The office is located at Suite 1520, 201 Merchant Street, Honolulu, Hawaii 96813. [Eff. 1/22/82; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §91-2)</p>	1.02	<p>Public Information</p> <p>To the extent required by applicable federal or state law, the public records of the Fund shall be available for inspection at the Fund's office during regular business hours. All requests for inspection of public records shall be in writing and addressed to the board or any other person designated by the board to receive such requests. Copies of public records shall be provided upon the payment of the reasonable costs of reproduction and any fees for searching, reviewing and segregating such records. The board shall establish such costs and fees in accordance with applicable federal and state law.</p>	<p>Chapter 91, HRS, requirement.</p> <p>As a practical matter the existing and proposed rules are the same; it is expected that federal health and privacy laws will impact this area of the rules; the proposed rule adds information on charges for requested copies.</p>
§6-30-4	<p>Computation of time. (a) Whenever a period of time is stated in these rules as a number of days from an event, the period shall be computed in calendar days, excluding the first day of the event.</p> <p>(b) Whenever a period of time is stated in these rules as a month or a number of months, a month shall be computed by including the first calendar day and by recognizing the same chronological date less one day in a successive month; e.g., February 19 to March 18; March 19 to April 18; etc. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-26)</p>	1.03	<p>Computation of Time</p> <p>Whenever a period of time is stated in these rules as a number of days from or after an event: (a) the period shall be computed in calendar days; (b) the day of the event shall not be included in the calculation; and (c) the last day of the period shall be included in the calculation.</p>	<p>The proposed rule is basically the same as the existing rule and clarifies that the last day of the period of time being computed shall be included in the computation. The proposed rules do not include any time periods stated in "months".</p>
		1.04	Officers of the Board	HEUHBTF Operating Rule.

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			<ul style="list-style-type: none"> (a) The board shall elect a chairperson, vice-chairperson, and secretary-treasurer. (b) Both the chairperson and vice-chairperson shall be elected from the same trustee group. The secretary-treasurer shall be elected from the other trustee group. (c) Officer terms shall be for one year beginning July 1, 2002, and shall rotate between the trustee groups annually. The terms of all elected officers shall terminate on June 30 of each succeeding year and such officers shall vacate their offices at that time. (d) Except as otherwise provided by law or by rules or policies adopted by the board, the duties of the officers shall be as provided in the 10th Edition of <i>Robert's Rules of Order, Newly Revised</i>. (e) The chairperson or vice-chairperson and secretary-treasurer shall coordinate assignments to support staff, requests for information, and other matters concerning the administration and operation of the board. 	
		1.05	Committees of the Board <ul style="list-style-type: none"> (a) Committees shall be established by the board to address critical issues in the major functional areas of the Fund. (b) Committees shall operate informally and shall make recommendations to the full board. (c) A minimum of four trustees (two trustees from each trustee group) shall be assigned to a committee. The assigned number of trustees may be larger for certain committees provided that an equal number of trustees are assigned from each trustee group. (d) Attendance of at least one trustee from each trustee group shall be necessary to convene a committee meeting. (e) Committees may select a chairperson and any other officers as deemed necessary by the board. (f) Committee chairpersons shall coordinate assignments to support staff for their respective committees. (g) Trustees in attendance shall agree within their working committees on recommendations made to the full board. 	HEUHBTF Operating Rule.

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			When there is no agreement by the trustees in attendance, the committee shall present a summary of the disagreement(s) to the full board.	
		1.06	Meetings of the Board (a) To the extent required by applicable federal or state law, the meetings of the board shall be open to the public. Without limiting the foregoing, board meetings shall comply with Part I of Chapter 92 of the Hawaii Revised Statutes, including the provisions therein requiring: (a) written and electronic notice of board meetings at least six calendar days prior to each meeting; and (b) written minutes. (b) The board shall designate a member of its staff to be responsible for preparing agenda for future board meetings. Any trustee may place a question or subject on the agenda of a future board meeting by notifying the designated staff person by 12 Noon, seven days prior to the board meeting. All board meeting agendas shall be transmitted to the chairperson for review prior to public notice. (c) Unless otherwise required by the board or applicable law, the parliamentary procedure to be used by the board in the conduct of its meetings shall be in accordance with the 10th Edition of <i>Roberts Rules of Order, Newly Revised</i> . (d) Voting procedures for board meetings and the criteria for a quorum are established in Section 87A-11 of the Hawaii Revised Statutes. In addition, the following voting procedures shall apply: (1) After a motion is made and seconded, the presiding officer shall read the motion and open the question to discussion and debate by the trustees. When ready to put the motion to a vote, the presiding officer shall call for the public employer and employee-beneficiary trustee votes to determine whether there are three votes from each trustee	HEUHBTF rule.

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			<p>group in favor of the motion. If so, the motion shall be recorded as having been approved by one vote from the public employer trustees and one vote from the employee-beneficiary trustees.</p> <p>(2) For routine or procedural matters, the presiding officer may ask if there is any opposition to a motion after it has been made, and to the extent required, seconded and debated. If no opposition is voiced, the motion shall be recorded as having been unanimously approved by one vote by the public employer trustees and one vote from the employee-beneficiary trustees.</p> <p>(3) If the voting is not unanimous by each side, the names of the trustees who voted in favor of the motion, voted against the motion, or abstained from voting shall be recorded in the minutes.</p> <p>(4) In the event of a deadlock in a vote of the board on the same question or resolution at two successive meetings of the board, the board shall vote on whether or not to engage in dispute resolution. If six trustees of the board vote to engage in dispute resolution, an impartial umpire shall cast the deciding vote on the question or resolution upon which the board has deadlocked. The impartial umpire shall be selected as follows. First, the board shall vote to select an umpire within ten days of the date on which it votes to participate in dispute resolution. If the board fails to select the umpire within ten days, a trustee representing the public employers and a trustee representing employee-beneficiaries shall meet to select an umpire within seventy-two hours of the adjournment of the meeting at which the board failed to select an umpire. If the two trustees fail to select an umpire within the seventy-two hours, the trustees representing public employers or the trustees representing employee-beneficiaries may</p>	<p>New as required by §87A-26(c), HRS, regarding dispute resolution rules. The proposed rule describes a voting process to engage in dispute resolution.</p>

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			petition the Administrative Judge of the First Circuit, Circuit Courts of the State of Hawaii, to select the umpire. As soon as reasonably practicable after the selection of the impartial umpire, the board and the umpire shall meet to deliberate and vote on the question or resolution at issue.	
§6-30-6	<p>Appearances before the board. (a) Any party to a proceeding before the board may appear in person, by an officer, partner or regular employee of the party.</p> <p>(b) A party may be represented by or with counsel or another person chosen as a representative. The board may at any time require any person transacting business before the board in a representative capacity to show his or her authority and qualification to act in such capacity.</p> <p>(c) The board shall accept oral testimony on any item which is on the board's agenda, provided that the testimony shall be subject to the following conditions:</p> <p>(1) Each person seeking to present oral testimony shall so notify the administrator in writing or by telephone call prior to the board meeting, and shall state the item on which testimony is to be presented;</p> <p>(2) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;</p> <p>(3) Persons presenting oral testimony shall, at the beginning of the testimony, identify themselves and the organization, if any, that they represent;</p> <p>(4) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed by the administrator prior to the commencement of the testimony of the time constraints to be imposed;</p> <p>(5) The board may request that any person providing</p>	1.07	<p>Appearances Before the Board</p> <p>(a) All persons shall comply with this rule when appearing before the board. Unless otherwise required by applicable federal or state law, the board shall have the discretion to prescribe additional standards and procedures for all appearances and proceedings before the board. The board may waive or suspend the provisions of this rule with respect to any particular appearance or proceeding before it.</p> <p>(b) Any person appearing before the board may appear in person, by an officer, partner or regular employee of the party, or be represented by an authorized representative. The board may at any time require any person transacting business with the board in a representative capacity to prove or authenticate the person's authority and qualification to act in such capacity.</p> <p>(c) No person who has been associated with the Fund as a trustee, officer, employee or counsel shall represent in any manner any person in connection with a proceeding or matter before the board that was handled or passed upon by that person while associated with the Fund.</p> <p>(d) The board shall afford all interested persons an opportunity to present oral testimony or submit data, views, or arguments, in writing, on any agenda item.</p> <p>(1) Persons providing written testimony shall provide thirty copies of their testimony of which twenty copies shall be made available to the public. Twenty copies of materials provided to the board for or during a meeting that are determined to be</p>	<p>Proposed paragraphs (a) and (c) are new.</p> <p>HEUHBTF rule.</p>

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	<p>oral testimony submit the remarks, or a summary of the remarks, in writing to the board after the meeting;</p> <p>(6) The board may refuse to hear any testimony which is irrelevant, immaterial or unduly repetitious to the agenda item on which it is presented;</p> <p>(d) Nothing herein shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending before the board.</p> <p>(e) Nothing herein shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff. 1/22/82; am 3/7/88] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28)</p>		<p>disclosable shall be made available for distribution to the public.</p> <p>(2) The board shall hear oral testimony on an agenda item after it has completed discussion of that item. At that time, the presiding officer shall invite members of the public to ask questions or provide comments on the agenda item prior to any action by the board. After the public has had an opportunity to provide input on the agenda item, the board may discuss the agenda item further and act on the item or move on to the next agenda item</p> <p>(3) A person may speak at a board meeting only when recognized to do so by the presiding officer. Comments are limited to three minutes per speaker. Time limitations may be adjusted at the discretion of the presiding officer or at the request of any three trustees. A person may not speak a second time on the same question unless authorized by the presiding officer to do so.</p> <p>(4) The board may refuse to hear any testimony that is irrelevant, immaterial, or unduly repetitious and may from time to time impose additional conditions as are necessary or desirable for the orderly, efficient, and convenient presentation of oral testimony to the board. The board may request that the person providing oral testimony submit the testimony in writing to the board.</p> <p>(e) Nothing herein shall require the board to hear oral testimony or receive any evidence on any matter that is the subject of other proceedings before the board or litigation involving the State, the board, any of the trustees, the Fund, or any of the Fund's officers or employees.</p>	<p>PEHF rule.</p>
		1.08	<p>Delegation of Authority To the extent permitted by law, the board may delegate authority to act on its behalf in accordance with board policies</p>	<p>New.</p>

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			and standards to a committee of the board, an administrator, a carrier, a third party administrator, or to such other persons and entities as it deems necessary or reasonable for the effective and efficient administration of the Fund and the provisions of Chapter 87A of the Hawaii Revised Statutes; provided, however, that nothing in this rule shall permit the board to delegate its power to adopt, amend or repeal any rules.	
		1.09	State Ethics Code All trustees and employees of the Fund shall comply with Chapter 84 of the Hawaii Revised Statutes.	HEUHBTF Operating Rule.
		1.10	Controlling Law To the extent that federal or state law governs any matter covered by these rules, the Fund and the board shall comply with and follow such federal or state law. To the extent that any matter is not completely governed by federal or state law, the Fund and the board shall apply these rules to the maximum extent reasonable and practicable.	New.
§6-30-7	Repeal of rules. All rules of the Hawaii public employees health fund which were in effect on August 1, 1981 are repealed. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §91-4.1)			Unnecessary.
CHAPTER 31 ADMINISTRATIVE PRACTICE AND PROCEDURE		2.00 ADMINISTRATIVE PROCEDURES		
§6-31-1	Procedure for adoption, amendment or repeal of rules. (a) When upon its own motion the board proposes to adopt, amend, or repeal a rule, a notice of proposed rule-making will be published as required by law. (b) Conduct of hearing on rules: (1) A public hearing shall be held for any proposed adoption, amendment, or repeal of rules initiated by the board; (2) Each hearing shall be conducted by the board chairman or the authorized representative of the board;	2.01	Adoption, Amendment or Repeal of Rules (a) The board may adopt, amend or repeal any rule of the Fund upon a motion of any trustee or upon the petition of an interested person or organization. (b) In the case of an interested person or organization, the petition shall be in writing and shall be submitted in duplicate to the board. The petition need not be in any particular form but shall contain: (1) The petitioner's name, address, and telephone number; (2) A statement of the nature of the petitioner's interest;	Proposed rule complies with the minimum procedure outlined in 87A-26. HRS. HEUHBTF is excluded from adopting rules in accordance with Chapter 91, HRS.

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	<p>(3) The hearing shall be conducted to afford interested persons a reasonable opportunity to be heard on matters relevant to the issues involved, and to obtain a clear and orderly record;</p> <p>(4) Each hearing shall be held at the time and place set in the notice of hearing, but may at that time and place be continued from day to day or adjourned to a later date or to a different place without notice other than the announcement at the hearing;</p> <p>(5) At the commencement of the hearing the presiding officer shall read the notice of hearing and shall then outline briefly the procedure to be followed;</p> <p>(6) Testimony shall be received with respect to the matters specified in the notice of hearing in such order as the presiding officer shall prescribe;</p> <p>(7) All interested persons shall be given reasonable opportunity to offer testimony with respect to the matters specified in the notice of hearing. Every witness, before proceeding to testify, shall state his or her name, address, and whom the witness represents at the hearing. The presiding officer shall confine the testimony to the issue before the hearing;</p> <p>(8) All interested persons or agencies of the State or its political subdivisions shall be afforded an opportunity to submit data, views, or arguments which are relevant to the issues orally or in writing. Written testimony shall be submitted to the board at the office of the health fund twenty-four hours or more prior to the hearing. Persons submitting written testimony on the day of the hearing must furnish ten copies of the testimony to the board prior to the hearing. In addition, or in lieu thereof, persons or agencies may also file with the board within seven days following the close of the public hearing a written protest or other comments or recommendations in support of or in opposition to</p>		<p>(3) A statement of the reasons for the proposed rule, amendment or repeal;</p> <p>(4) A draft of the proposed rule, amendment or repeal; and</p> <p>(5) The signature of the petitioner. The board may reject any petition that does not contain the foregoing information.</p> <p>(c) The board shall determine whether to deny or proceed with a petition within a reasonable period of time. If the petition is denied, the board shall notify the interested person or organization in writing of the denial and the reasons for such denial.</p> <p>(d) If the board decides to proceed with any proposed rule change, whether by a trustee or interested person or organization, it shall consult with public employers and affected employee organizations with regard to the proposed rule change as follows. First, it shall transmit the proposed rule change to the public employers, exclusive employee organizations, exclusive representatives, retiree organizations, and all other employee organizations registered with the board for consultation prior to adoption. Second, it shall provide the employers, representatives and organizations a reasonable amount of time for review and comment on the proposed change prior to final action by the board.</p> <p>(e) After the consultation provided for in subsection (d), the proposed rule change shall be considered for adoption at an open meeting of the board that permits the attendance of interested persons.</p> <p>(f) All proposed rule changes shall be adopted by the board in accordance with the provisions of Section 87A- 26 of the Hawaii Revised Statutes.</p> <p>(g) New rules, amendments or repeals of rules that are adopted by the board shall be submitted to the governor for approval and filed with the lieutenant governor's office.</p> <p>(h) Unless some other date is expressly selected by the board,</p>	HEUHBTF Operation Rule.

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	<p>the proposed rulemaking. The period for filing written protests, comments, or recommendations may be extended by the presiding officer for good cause; and</p> <p>(9) Unless otherwise specifically ordered by the presiding officer, testimony given at the hearing shall not be reported verbatim. All supporting written statements, maps, charts, tabulations, or similar data offered at the hearing, and which are deemed by the presiding officer to be authentic and relevant, shall be received and made a part of the record. Unless the presiding officer finds that the furnishing of copies is impracticable, two copies of the exhibits shall be submitted.</p> <p>(c) At the close of the final public hearing, the presiding officer shall announce the decision of board or announce the date when it intends to make a decision. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-26, 91-3)</p>		<p>a new rule, amendment of a rule, or repeal of a rule shall be effective ten days after the rule, amendment or repeal is filed with the lieutenant governor's office.</p>	
§6-31-2	<p>Petitions for adoption, amendment or repeal of rules. (a) Any interested person or organization may petition the board for the adoption, amendment or repeal of any rule of the board.</p> <p>(b) The petition need not be in any special form but it shall contain the following:</p> <ol style="list-style-type: none"> (1) The name, address, zip code and telephone number of the petitioner; (2) The signature of the petitioner; (3) A statement of the nature of petitioner's interest; (4) A draft of the proposed rule or amendment or a designation of the provisions sought to be repealed; (5) A statement of the reason in support of the proposed rule, amendment or repeal; and (6) Any other information pertinent to the petition. <p>(c) An original copy of the petition shall be filed with the board. Each petition shall be date-stamped upon receipt</p>		<p>Included in proposed Rule 2.01.</p>	

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	<p>and will become a public record upon filing. The board may require the petitioner to serve other persons or governmental agencies known to be interested in the proposed rule-making.</p> <p>(d) The board shall within thirty days after the submission of the petition either deny the petition in writing, stating its reasons for such denial, or initiate proceeding for the adoption, amendment or repeal of rules in accordance with Section 6-31-1. Any petition which does not conform to the requirements specified herein may be rejected.</p> <p>(e) No public hearing, oral argument or other form of proceeding shall be held directly on the granting or denial of the petition.</p> <p>[Eff 1/22/82] (Auth: HRS §87-30) (Imp: HRS §91-6)</p>			
§6-31-3	<p>Petition for declaratory order. (a) Any interested person or organization may petition the board for a declaratory order as to the applicability of any statutory provision administered by the board or of any rule or order of the board.</p> <p>(b) The petition need not be in any special form. The original and one copy thereof shall be filed with the board.</p> <p>(c) The petition shall contain the following:</p> <ol style="list-style-type: none"> (1) The name, address, zip code, and telephone number of the petitioner; (2) A statement of the nature of petitioner's interest, including reasons for the submission of the petition; (3) A designation of the specific provision, rule, or order in question; (4) A complete statement of the relevant facts; (5) A clear and concise statement of the position of or contention of the petitioner; (6) A memorandum of authorities, containing a full discussion of the reasons, including legal authorities, in support of the position or contention. <p>The board may require the petitioner to file</p>	2.02	<p>Declaratory Rulings</p> <p>(a) Any interested person may petition the board for a declaratory ruling as to the applicability of any statutory provision administered by the board or of any rule or order of the Fund.</p> <p>(b) Every petition shall be in writing and shall be submitted in duplicate to the board. The petition need not be in any particular form but shall contain the following:</p> <ol style="list-style-type: none"> (1) The petitioner's name, address, and telephone number; (2) A designation of the specific statute, rule or order in question; (3) A statement of the nature of the petitioner's interest, including the reasons for the submittal of the petition; (4) A complete statement of the relevant and material facts; (5) A statement of the position or contentions of the petitioner; and (6) A full discussion of the reasons, including any legal authorities, in support of the petitioner's position or contention. <p>The board may reject any petition that does not contain</p>	<p>Chapter 91, HRS, requirement.</p> <p>Same except for proposed paragraphs (d) and (f); proposed rule does not include current PHEF (e) and (h).</p>

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	<p>additional data or memoranda; and</p> <p>(7) The signature of the petitioner.</p> <p>(d) Any petition which does not conform to the foregoing requirements may be rejected.</p> <p>(e) Petitions to intervene and become a party to the proceeding may be submitted in writing to the board, and shall contain the same information as required for an original petition as well as the grounds and reasons on which intervention is sought. Intervention shall not be granted except on averments which are reasonably pertinent to the issues already presented, but do not unduly broaden them. If intervention is granted, the petitioner thereby becomes an intervener and a party to the proceeding to the degree indicated by the order allowing intervention.</p> <p>(f) The board, for good cause, may refuse to issue a declaratory order. Without limiting the generality of the foregoing, the board may so refuse where:</p> <p>(1) The question is speculative or purely hypothetical and does not involve existing facts, or facts which can reasonably be expected to exist in the near future;</p> <p>(2) The petitioner's interest is not of the type which has sufficient standing to maintain an action for judicial relief;</p> <p>(3) The issuance of the declaratory order may adversely affect the interests of the board or any of its officers or employees in litigation which is pending or may reasonably be expected to arise; or</p> <p>(4) The matter is not within the jurisdiction of the board.</p> <p>(g) The board shall consider each petition submitted, and at its discretion refer the petition for consideration and informal hearing to a committee, whether standing or special, and recommendation to the board. Within a reasonable time after the submission of the petition or after the committee's recommendation to the board, the board shall either deny the petition in writing, stating its reason for</p>		<p>the foregoing information or does not conform to the foregoing requirements.</p> <p>(c) The board may refuse to issue a declaratory ruling for good cause. Without limiting the generality of good cause, the board may refuse to issue a declaratory ruling if:</p> <p>(1) The question raised is purely speculative or hypothetical;</p> <p>(2) Petitioner's interest is not of the type or nature that would give petitioner standing to maintain an action if the petitioner were to seek judicial relief;</p> <p>(3) The issuance of a declaratory ruling may adversely affect the interests of the State, the board, any of the trustees, the Fund, or any of the Fund's officers or employees in litigation which is pending or reasonably expected to arise in the future; or</p> <p>(4) The matter is not within the jurisdiction of the board.</p> <p>(d) Where any question of law is involved, the board may seek the assistance of the state attorney general in reviewing the matter. The board may also seek the assistance of other government agencies when necessary or desirable.</p> <p>(e) The petition shall either be rejected in accordance with subsection (c) or acted upon by issuance of an order within a reasonable period of time. Upon the disposition of the petition, the board shall promptly notify the petitioner.</p> <p>(f) Orders disposing of petitions will have the same status as other agency orders. An order shall be applicable only to the fact situation alleged in the petition or as set forth in the order. An order shall not be applicable to different fact situations or where additional facts exist that were not considered in the order.</p>	

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	<p>such denial, or issue a declaratory order on the matters contained in the petition.</p> <p>(h) Hearing:</p> <p>(1) Although in the usual course of processing a petition for a declaratory order no formal hearing shall be granted to the petitioner, the administrator shall invite the petitioner to appear before any committee to which the petition was referred, or the board may order the proceeding set down for hearing; or</p> <p>(2) Any petitioner who desires a hearing on a petition for declaratory order shall request a hearing in writing, setting forth in detail the reasons why the matters alleged in the petition, together with supporting affidavits or other written evidence and briefs or memoranda of legal authorities, will not permit the fair and expeditious disposition of the petition and, to the extent that the request for hearing is dependent upon factual assertion, shall accompany the request by affidavit establishing those facts.</p> <p>(i) An order disposing of a petition shall be applicable only to the factual situation alleged in the petition or set forth in the order. The order shall not be applicable to different factual situations or where additional facts not considered in the order exists. The order shall have the same force and effect as other orders issued by the board.</p> <p>[Eff. 1/22/82; am 7/5/96] (Auth: HRS §§87-30, 91-8) (Imp: HRS §91-8)</p>			
§6-30-5	<p>Appeals, corrections, and adjustments. (a) An employee-beneficiary who is dissatisfied with the action of his or her employing agency to enroll or change an existing enrollment in a health fund benefit plan may appeal to the administrator. The appeal shall be in writing and shall be submitted within thirty-one days of the action which caused the complaint.</p> <p>(b) An employee-beneficiary who is dissatisfied with</p>	2.03	<p>Administrative Appeals</p> <p>(a) A person aggrieved by one of the following decisions by the Fund may appeal to the board for relief from that decision:</p> <p>(1) A determination that the person is not an employee-beneficiary, dependent-beneficiary or qualified beneficiary, or that the person is not eligible to enroll</p>	<p>The existing rule sets out a process for appealing certain decisions from the employing agency to the administrator and then to the board. The proposed rule provides only for an appeal to the board and clarifies what must appear in a written appeal to the board. It is anticipated that this area of the rules will be affected by requirements of the Patient Bill of</p>

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	<p>the action of the administrator who has suspended or cancelled the employee-beneficiary's health fund benefit plan enrollment may submit a written appeal to the administrator. The appeal shall contain copies of evidence that the employee-beneficiary has paid the required monthly contribution on a timely basis as required by chapter 87, Hawaii Revised Statutes, or chapters 30 through 36 of title 6, administrative rules. The appeal shall be submitted within thirty-one days of the suspension or cancellation, whichever is later.</p> <p>(c) An employee-beneficiary who has not received a satisfactory response to the written appeal from the administrator shall be granted an appearance before the board. The employee-beneficiary shall submit a petition containing a clear and concise statement of the grievance. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-26)</p>		<p>in or be covered by a benefits plan offered or sponsored by the Fund;</p> <p>(2) A determination that the person cannot make a change in enrollment, a change in coverage, or a change in plans;</p> <p>(3) A cancellation or termination of the person's enrollment in or coverage by a benefits plan offered or sponsored by the Fund; or</p> <p>(4) A refusal to reinstate the person's enrollment in or coverage by a benefits plan offered or sponsored by the Fund.</p> <p>(b) In order to appeal to the board for relief, an aggrieved person must file a written appeal in the Fund's office within thirty days of the date of the decision with respect to which relief is requested. The written appeal shall be filed in duplicate. Unless otherwise provided by applicable federal or state law, the board shall not be required to hear any appeal that is filed after the thirty-day period has expired.</p> <p>(c) The written appeal need not be in any particular form but shall contain the following information:</p> <p>(1) The aggrieved person's name, address and telephone number;</p> <p>(2) A statement of the nature of the aggrieved person's interest, e.g., employee-beneficiary or dependent-beneficiary;</p> <p>(3) A description of the decision with respect to which relief is requested, including, the date of the decision;</p> <p>(4) A complete statement of the relevant and material facts;</p> <p>(5) A statement of the position or contentions of the aggrieved party; and</p> <p>(6) A full discussion of the reasons, including any legal authorities, in support of the aggrieved party's position.</p> <p>Subject to applicable federal and state law, the board may reject any appeal that does not contain the foregoing</p>	Rights legislation currently pending in Congress.

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			<p>information.</p> <p>(d) The board at any time may request the aggrieved person or any other party to the proceeding to submit a statement of additional facts or a memorandum, the purpose of which is to clarify the party's position or a specific factual or legal issue.</p> <p>(e) The board shall grant or deny the appeal within a reasonable amount of time. The board shall not be required to hold a hearing on any appeal unless otherwise required by applicable federal or state law. If required to hold a hearing or if it decides to voluntarily hold a hearing on an appeal, subject to applicable federal or state law, the board may set such hearing before the board, a hearings officer, or any other person or entity authorized by the board to hear the matter in question. Nothing in Rule 2.03 shall require the board to hear or decide any matter that can be lawfully delegated to another person or entity for a hearing and decision.</p>	
CHAPTER 32 ELIGIBILITY REQUIREMENTS		3.00 ELIGIBILITY FOR ENROLLMENT		
§6-32-1	<p>Employee-beneficiary. (a) The following persons shall be eligible as an employee-beneficiary to enroll in a health fund benefits plan:</p> <p>(1) An employee as defined in section 87-1, Hawaii Revised Statutes, including a person under the age of nineteen; or</p> <p>(2) The surviving spouse or any unmarried child under the age of nineteen of an employee who is killed in the performance of duty, provided the child has no surviving parents; or</p> <p>(3) A retired member, including an employee who retired prior to the establishment of the health fund, and whether or not the retired member was actively employed by the state or county at the time of retirement; or</p> <p>(4) The surviving spouse or any unmarried child under the age of nineteen of a deceased retired member,</p>	3.01	<p>Employee-Beneficiary</p> <p>(a) Subject to Rules 5.02, 5.03, 6.03 and 6.04, the following persons shall be eligible to enroll as employee-beneficiaries in the benefits plans offered or sponsored by the Fund:</p> <p>(1) An employee;</p> <p>(2) An employee who retired prior to 1961;</p> <p>(3) The surviving spouse of an employee who is killed in the performance of the employee's duty, provided the spouse does not remarry;</p> <p>(4) The unmarried child of an employee who is killed in the performance of the employee's duty, provided the child is under the age of nineteen and does not have a surviving parent that is eligible to be an employee-beneficiary;</p> <p>(5) The surviving spouse of a deceased retired employee, provided the surviving spouse does not remarry, and</p>	<p>Same as defined in Chapter 87A, HRS..</p> <p>Proposed rule includes clarification as to when eligibility ends for a surviving spouse and a dependent child.</p>

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	<p>provided the child has no surviving parents. For purposes of this paragraph, health fund benefits shall also be extended to the surviving spouse of an employee who was eligible for service retirement at date of death in service provided the surviving spouse is designated as sole beneficiary and elects to receive the retirement allowance option provided in Section 88-84, Hawaii Revised Statutes.</p> <p>(b) The remarriage of a surviving spouse as described in Section 6-32-1 shall cause that person and the unmarried children under the age of nineteen to become ineligible to enroll for health fund benefits as an employee-beneficiary or a dependent-beneficiary. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-25)</p>		<p>(6) The unmarried child of a deceased retired employee, provided the child is under the age of nineteen and does not have a surviving parent that is eligible to be an employee-beneficiary.</p> <p>With respect to subsections (3) and (5), a surviving spouse ceases to be an eligible employee-beneficiary once the spouse remarries even though the spouse may subsequently become single again as a result of an annulment, divorce, legal separation or death. With respect to subsections (4) and (6), an unmarried child ceases to be eligible as of midnight of the child's nineteenth birthday.</p> <p>(b) Notwithstanding any other provision in these rules to the contrary, an employee-beneficiary who is eligible to enroll in the Medicare Part B medical insurance plan shall not be eligible for coverage under any benefits plan offered or sponsored by the Fund until the employee-beneficiary enrolls in the Medicare Part B medical insurance plan.</p>	
§6-32-2	<p>Dependent-beneficiary. The following persons shall be eligible as dependent-beneficiaries:</p> <ol style="list-style-type: none"> (1) The spouse of an employee-beneficiary; and (2) Any unmarried child under the age of nineteen of an employee-beneficiary and any child of an employee-beneficiary who is covered by a Qualified Medical Child Support Order ordering the employee-beneficiary to provide health insurance coverage for that child. <p>[Eff. 1/22/82; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §87-25)</p>	3.02	<p>Dependent-Beneficiary</p> <p>(a) Subject to Rules 5.02, 5.03, 6.03 and 6.04, the following persons shall be eligible for coverage as dependent-beneficiaries in the benefits plans offered or sponsored by the Fund:</p> <ol style="list-style-type: none"> (1) An employee-beneficiary's spouse; (2) An employee-beneficiary's unmarried child, provided the child is either under the age of nineteen or a full-time student and under the age of twenty-five; (3) An employee-beneficiary's unmarried child, regardless of age, who is incapable of self-support because of a mental or physical incapacity that existed prior the child reaching the age of nineteen; and (4) A child that an employee-beneficiary must provide health benefits coverage for under the terms of a qualified medical child support order. 	<p>Same as defined in Chapter 87A, IIRS, and expands eligibility for a child to include a full-time student up to age 25.</p> <p>Proposed rule includes clarification as to when eligibility ends for a surviving spouse and a dependent child.</p>

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			<p>With respect to subsection (2), an unmarried child ceases to be eligible as of midnight of the child's nineteenth or twenty-fifth birthday, as applicable. In addition, as a condition of eligibility for any child over the age of nineteen, the employee-beneficiary shall provide the Fund with written proof reasonably satisfactory to the Fund of the full time student status of such child. Such written proof shall be provided at such times and in such form as the Fund may from time to time direct.</p> <p>(b) Notwithstanding any other provisions in these rules, a dependent-beneficiary who is eligible to enroll in the Medicare Part B medical insurance plan shall not be eligible for coverage under any benefits plan offered or sponsored by the Fund until the dependent-beneficiary has enrolled in the Medicare Part B medical insurance plan.</p>	
		3.03	<p>Long-Term Care Benefits Plan The following persons shall be eligible for any long-term care benefits plans offered or sponsored by the Fund, provided that they comply with the age, enrollment, medical underwriting and contribution requirements of such plans:</p> <p>(a) Employee-beneficiaries and their spouses, parents, and grandparents;</p> <p>(b) Employee-beneficiaries' in-law parents and grandparents; and</p> <p>(c) Qualified-beneficiaries who enroll between the ages of twenty and eighty-five.</p>	Same as defined in Chapter 87A, HRS.
CHAPTER 33 ENROLLMENT		4.00 ENROLLMENT PROCEDURES		
SUBCHAPTER 1 ENROLLMENT PROCEDURES				
§6-33-1	<p>Application for enrollment. (a) An employee-beneficiary shall file an enrollment application in writing to enroll, change, or cancel an enrollment in each health fund benefit plan with the employee-beneficiary's employing agency.</p> <p>(b) All enrollment applications shall be made on forms prescribed by the board. The following applicable</p>	4.01	<p>Application for Enrollment</p> <p>(a) An employee-beneficiary shall file an enrollment application to enroll, change or cancel an enrollment in any benefits plan offered or sponsored by the Fund.</p> <p>(b) The board shall from time to time set the standards and procedures for filing such enrollment applications.</p>	Proposed rule provides flexibility to change the enrollment form and process quickly in response to statutory or system requirements. Also incorporates PEHF rule, §6-33-14, Enrollment by a representative.

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	<p>information shall be entered by the employee-beneficiary:</p> <ol style="list-style-type: none"> (1) The employee-beneficiary's name, address, zip code, date of birth, sex, marital and Medicare status, social security number, business telephone number, and former name if it has been changed since the person's last application for health fund benefits; (2) The names, dates of birth, and social security numbers of all dependent-beneficiaries for whom coverage is requested; (3) The Medicare status and the social security number of the employee-beneficiary's spouse if such person is a state or county employee who will be covered under the employee-beneficiary's enrollment; (4) The employee-beneficiary's decision to enroll, change enrollment, continue present enrollment, cancel, or election not to enroll in each health fund benefit plan; (5) An authorization to the employee-beneficiary's respective state comptroller or county director of finance to assign sufficient compensation to the health fund in payment of monthly contributions for proper enrollment and coverage in each health fund benefit plan; and (6) The employee-beneficiary's: <ol style="list-style-type: none"> (A) Signature and certification that the information submitted on such forms is true and correct to the best of the employee-beneficiary's knowledge and belief; (B) Understanding that the effective date of benefit plan coverage shall be set by the health fund in accordance with chapters 30 through 36; and (C) Authorization to release pertinent Medicare data upon request by the health fund. <p>(c) An employee-beneficiary shall be required to file an enrollment application even if there are no changes in enrollment status or the beneficiary of health fund life</p>		<p>including, but not limited to, the form of such enrollment applications, the information required to be provided by the employee-beneficiary on such enrollment applications, and the method for filing such enrollment applications. Enrollment applications shall include the employee-beneficiary's authorization to the state comptroller or the appropriate county director of finance to assign sufficient compensation to the Fund in payment of all contributions due from such employee-beneficiary for enrollment or coverage in any and all Fund benefits plans.</p> <p>(c) A representative of an employee-beneficiary may file an enrollment application for the employee-beneficiary if:</p> <ol style="list-style-type: none"> (1) The representative has a written authorization signed by the employee-beneficiary that authorizes the representative to file such enrollment applications; or (2) A valid court order authorizes the representative to file such enrollment applications. 	

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	<p>insurance plan benefits when the employee-beneficiary transfers from one employing agency to another employing agency as an employee or retiree.</p> <p>(d) All employing agencies and employee-beneficiaries shall furnish and transmit information to the health fund on forms prescribed by the board or its administrator to carry out the purposes of chapter 87, Hawaii Revised Statutes. Employing agencies shall also assist the board in distributing information to each employee-beneficiary on approved health fund benefit plans, enrollment opportunities, status of employee monthly contributions, and other related health fund matters.</p> <p>[Eff 01/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28)</p>			
§6-33-2	<p>Rejection of enrollment application. (a) The health fund may reject any enrollment application which is insufficient or incomplete. The health fund shall reject an enrollment request if the employee-beneficiary:</p> <ul style="list-style-type: none"> (1) Is not eligible to enroll in a health fund benefit plan; or (2) Has not filed his or her enrollment application within the prescribed time limits. <p>(b) All rejected enrollment applications shall remain in the possession of the health fund and shall not be returned. The administrator shall send a written notification to such persons whose enrollment applications have been rejected.</p> <p>[Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28)</p>	4.02	<p>Rejection of an Enrollment Application</p> <ul style="list-style-type: none"> (a) Any enrollment application may be rejected if it is incomplete or does not contain all information required to be provided by the employee-beneficiary. (b) An enrollment application shall be rejected if: <ul style="list-style-type: none"> (1) The application seeks to enroll a person who is not eligible to enroll in the benefits plan for which enrollment is requested; (2) The application is not filed within the time limitations prescribed by these rules; (3) The application contains an intentional misstatement or misrepresentation of a material fact or contains other information of a fraudulent nature; (4) The employee-beneficiary owes past due contributions or other amounts to the Fund; or (5) Acceptance of the application would violate applicable federal or state law or any other provision of these rules. (c) Notification shall be sent to the employee-beneficiary of the rejection of any enrollment application. 	Proposed rule adds reasons (3) – (5) for rejection of an enrollment application.
§6-33-3	Initial enrollment effective date of coverage. (a) Except	5.02	Enrollment; Effective Dates of Coverage	This proposed rule covers the events that permit an

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	<p>as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary's coverage in a health fund benefit plan shall become effective on the dates of the following events provided an enrollment application is filed within thirty-one days before to thirty-one days after such event and payment of the applicable monthly employee contribution is made for the coverage. Coverage becomes effective when the employee-beneficiary:</p> <p>(1) Becomes an employee-beneficiary as defined in section 6-32-1; [covered by Rule 5.02(a), (b), (h)]</p> <p>(2) Returns from an authorized leave of absence with or without pay and coverage during the leave of absence was provided through an educational grant or governmental program which did not require payment for such coverage; [covered by Rule 6.05(b)]</p> <p>(3) Is reinstated as an employee after being: (A) Suspended from duty for a period of thirty-one days or more; or (B) Dismissed from duty, and where enrollment was terminated under section 6-33-21(3); [covered by Rule 6.05(a)]</p> <p>(4) Receives a retirement allowance from a state or county retirement system provided the employee-beneficiary was not eligible to receive such allowance on active employment termination date; [covered by rule 5.02(g)]</p> <p>(5) Loses coverage as an employee-beneficiary or dependent-beneficiary in: (A) A health fund benefit plan and such coverage was lost because: (i) The covering enrollment was terminated;</p>		<p>An employee-beneficiary's eligibility to enroll under this rule is subject to the provisions in Rules 6.03 and 6.04. The effective dates of coverage set forth in Rule 5.02 are subject to the employee-beneficiary filing a properly completed enrollment application as per Rule 4.06.</p> <p>(a) New Employee. An employee-beneficiary may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for eligible dependent-beneficiaries when the employee-beneficiary is first hired as an employee. The effective date of the coverage shall be as follows: (1) When the employee-beneficiary's date of hire is on or between the first and fifteenth of a month, the effective date of coverage shall be the first day of the month following the employee-beneficiary's date of hire; or (2) When the employee-beneficiary's date of hire is on or between the sixteenth and last day of a month, the effective date of coverage shall be the sixteenth day of the month following the employee-beneficiary's date of hire.</p> <p>(b) Newly Eligible Employee. An employee-beneficiary (other than a retired member) may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for eligible dependent-beneficiaries when the employee-beneficiary first becomes an employee due to a change in employment status. The effective date of the coverage shall be as follows: (1) When the change in employment status occurs on or between the first and fifteenth of a month, the effective date of coverage shall be the first day of the month following the change in employment status; or (2) When the change in employment status occurs on or between the sixteenth and last day of a month, the effective date of coverage shall be the sixteenth day of the month following the change in employment</p>	<p>initial enrollment at which time an employee or other eligible employee-beneficiary may elect to enroll in any benefit plan offered or sponsored by the Fund.</p> <p>Incorporates PEHF rule, §6-33-3(1).</p> <p>A new employee is a newly appointed employee at 50% FTE or greater. Effective date coincides with employee's first full pay check; eliminates pre-paid cash payment currently required; no longer than one month waiting period for coverage.</p> <p>Incorporates PEHF rule §6-33-3(a)(1).</p> <p>Newly eligible employees refers to an existing employee who previously was ineligible for benefits and becomes eligible due to a change in employment status.</p>

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	<p>(ii) Attainment of age nineteen;</p> <p>(iii) The covering enrollment was changed from family to self only; or <i>[covered by Rule 5.03(c)]</i></p> <p>(R) A plan other than a health fund benefit plan due to:</p> <p>(i) The involuntary termination of the covering enrollment; e.g., eligibility or employment termination, death, or divorce; or</p> <p>(ii) A private employer or government program cancels a certain type of health insurance coverage or changes health plan carriers; or requires dependents to pay for their coverage at a higher cost. <i>[covered by Rule 5.03(d)]</i></p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the date of the event and the applicable monthly employee contribution is paid. [Eff 1/22/82; am 3/7/88; am and comp 7/5/96; am 4/18/97; am J (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28, 87-29, 87-30)]</p>		<p>status.</p> <p>(c) <u>Loss of Coverage in a Benefits Plan Offered by the Fund.</u> An employee-beneficiary may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for dependent-beneficiaries when the employee-beneficiary loses coverage under the benefits plans offered or sponsored by the Fund because the employee-beneficiary's covering enrollment was terminated or the employee-beneficiary ceased to be eligible as a dependent-beneficiary. The effective date of the coverage shall be the first day following the employee-beneficiary's loss of coverage.</p> <p>(d) <u>Loss of Coverage in a Non-Fund Health Benefits Plan.</u> An employee-beneficiary that is eligible, but not enrolled, may enroll in the health benefits plans offered or sponsored by the Fund, and obtain coverage for eligible dependent-beneficiaries, when the employee-beneficiary meets the conditions required for a special enrollment under 26 U.S.C. §9801(f) and the federal regulations enacted under or pursuant to that statute. The conditions are: (1) At the time that coverage under the Fund's health benefits plans were offered to the employee-beneficiary, the employee-beneficiary was covered by a Non-Fund health benefits plan or a COBRA continuation provision; and (2) The employee-beneficiary declined coverage under the Fund's health benefits plans because of the employee-beneficiary's coverage under the Non-Fund health benefits plan or a COBRA continuation provision; and (3) The employee-beneficiary's coverage under the Non-Fund health benefits plan was terminated as a result of loss of eligibility for that coverage (including as a result of legal separation, divorce, death, termination</p>	<p>Same as PEHF rule §6-33-3(a)(5)(A).</p> <p>Incorporates PEHF rule, §6-33-3(a)(5)(B).</p> <p>Federally required special enrollment for an employee who was eligible for and previously declined coverage under the Fund's health benefit plan due to coverage in a Non-Fund health benefit plan, and then subsequently lost coverage in that Non-Fund health benefit plan.</p>

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			<p>of employment or reduction of hours of employment) or because employer contributions towards such coverage was terminated; or</p> <p>(4) The employee-beneficiary's coverage under the COBRA continuation provision was exhausted. The effective date of the coverage shall be first day following the date the employee-beneficiary lost coverage under the Non-Fund health benefits plan or the date the employee-beneficiary's COBRA continuation provision coverage was exhausted.</p> <p>(e) <u>Enrollment Due to Changes in Marital or Family Status.</u> An employee-beneficiary who has previously declined coverage in the benefits plans offered or sponsored by the Fund may enroll in the Fund benefits plans when the employee-beneficiary gains a dependent through a change in marital or family status, e.g., marriage, birth, adoption, or issuance of a qualified medical child support order. The effective date of the coverage shall be as follows:</p> <p>(1) When the event that permits enrollment occurs on or between the first and fifteenth of the month, the effective date of coverage shall be the first day of the month following the event; and</p> <p>(2) When the event that permits enrollment occurs on or between the sixteenth and last day of the month, the effective date of coverage shall be the sixteenth day of the month following the event.</p> <p>(f) <u>Retirement from Active Service.</u> If an employee is not enrolled in any benefits plans offered or sponsored by the Fund immediately prior to retirement from active service, the employee may enroll in such plans and obtain coverage for eligible dependent-beneficiaries upon the employee's retirement. The effective date of the coverage shall be the day following the employee's date of retirement.</p>	<p>New. Federally required special enrollment for an employee who previously declined coverage and had a qualifying event that allows enrollment.</p> <p>New. A retiring employee may elect to enroll in any benefits plan.</p>

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			<p>(g) <u>Deferred Retirement.</u> A person may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for eligible dependent-beneficiaries when that person begins to receive a retirement allowance from a state or county retirement system, provided that the person was not eligible to receive such an allowance upon termination of active service with the State or county. The effective date of the coverage shall be the day following the person's date of retirement.</p> <p>(h) <u>Surviving Spouse or Child.</u> A surviving spouse or unmarried child may enroll in the benefits plans offered or sponsored by the Fund and a surviving spouse may obtain coverage for eligible dependent-beneficiaries upon becoming eligible to enroll in such plans as an employee-beneficiary. The effective date of the coverage shall be the date upon which the surviving spouse or unmarried child becomes eligible to enroll as an employee-beneficiary, e.g., the day after the death of a spouse or parent who was a retired employee or an employee killed in the performance of duty.</p>	<p>Same as PEHF rule, §6-33-3(a)(4), where a retiring former employee may elect to enroll in any benefits plan.</p> <p>Incorporates PEHF rule §6-33-3(a)(1). Surviving spouse or child may elect to enroll in or change benefits plan; same as retiring employee.</p>
§6-33-4	<p>Changes of present enrollment status; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary may file an enrollment application to change the employee-beneficiary's enrollment status from self only to family or the reverse in a health fund benefit plan within thirty-one days before to thirty-one days after the date of the following events provided payment of the applicable monthly contribution is made for the coverage:</p> <p>(1) Marital status changes (marriage, divorce, annulment, death of a spouse); <i>[covered by proposed Rule 5.03(a)&(b)]</i></p> <p>(2) Family size changes (birth or adoption of a child, addition of a foster child or addition of a child</p>	5.03	<p>Changes in Enrollment; Effective Dates of Coverage The effective dates of deletions in coverage and changes in coverage set forth in Rule 5.03 are subject to the employee-beneficiary filing a properly completed enrollment application as per Rule 4.06.</p> <p>(a) <u>Additions of Dependents Due to Changes in Marital or Family Status.</u> An employee-beneficiary may change from self-only to family coverage or may add coverage for dependent-beneficiaries in the Fund benefits plans in which the employee-beneficiary is currently enrolled upon the occurrence of any of the following events: marriage, birth or adoption of a child, addition of a foster child, or the issuance of a qualified medical child support</p>	Proposed rule lists the events for which changes in enrollment may be made; an employee may not generally change between plans as a result of the occurrence of these events. The proposed effective dates of coverage are the event dates for immediate coverage or the day after the event for continuous coverage.

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	<p>pursuant to a Qualified Medical Child Support Order; or [covered by proposed Rule 5.03(a)&(b)]</p> <p>(3) Loss of the employee-beneficiary's spouse's self only plan coverage in a health fund or non-health fund benefit plan due to eligibility or employment termination. [covered by proposed Rule 5.03(c)]</p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days</p>		<p>order. The effective date of the change in coverage shall be the date of the event. Notwithstanding the foregoing and Rule 4.06, the effective date of any coverage required under a qualified medical child support order shall be any date set forth in that order. If no date is set forth in the order, the effective date of coverage shall be the date that the order is issued.</p> <p>(b) <u>Deletions of Dependents Due to Changes in Marital or Family Status.</u> An employee-beneficiary may change from family to self-only coverage or may delete coverage for dependent-beneficiaries in the Fund benefits plans in which the employee-beneficiary is currently enrolled upon the occurrence of any of the following events: divorce or dissolution, annulment, death of a spouse or child, or the end of any required coverage under a qualified medical child support order. The effective date of the change in coverage shall be as follows:</p> <p>(1) If the employee-beneficiary gives the appropriate notice to the Fund within thirty-one days of the event, the effective date of the change in coverage shall be the date of the event.</p> <p>(2) Notwithstanding Rule 4.06, if the employee-beneficiary fails to give the appropriate notice to the Fund within thirty-one days of the event, the effective date of the change in coverage shall be the first day of the pay period following receipt of such notice by the Fund.</p> <p>(c) <u>Loss of Spouse's Coverage.</u> An employee-beneficiary may change from self-only to family coverage and add a spouse as a dependent-beneficiary in the Fund benefits plans in which the employee-beneficiary is currently enrolled when the spouse has lost coverage in any benefits plan due to an employment termination or other loss of eligibility. The effective date of the change shall be the first day following the spouse's loss of coverage.</p>	

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	from the date of the event and the applicable monthly employee contribution is paid. [Eff 1/22/82; am 3/7/88; am and comp 7/5/96] (Auth: HRS §§87-30) (Imp: HRS §§87-26, 87-29, 87-30)		<p>(d) <u>Last Child Becomes Ineligible.</u> An employee-beneficiary may change from family to self-only coverage in the Fund benefits plans in which the employee-beneficiary is currently enrolled when the last of the employee-beneficiary's children becomes ineligible for coverage as a dependent-beneficiary under the benefit plans offered or sponsored by the Fund, e.g., when the child marries, becomes nineteen years of age and is not a full time student, is between nineteen and twenty-five years of age and ceases to be a full time student, or becomes twenty-five years of age. The effective date of the change in coverage shall be the first day following the child's loss of eligibility.</p> <p>(e) <u>Allowable Changes Upon Retirement From Active Service.</u> An employee who is actively employed with the State or a county immediately prior to the effective date of the employee's retirement may make the following changes upon retirement:</p> <p>(1) If the employee is covered as a dependent-beneficiary by a spouse under a family enrollment, the employee may enroll to receive continuous coverage as an employee-beneficiary under a self-only or family enrollment with the benefits plans offered or sponsored by the Fund; or</p> <p>(2) If the employee is covered as an employee-beneficiary under a self-only enrollment, the employee may enroll to receive continuous coverage under a family enrollment with the benefits plans offered or sponsored by the Fund and include eligible dependent-beneficiaries under such an enrollment; or</p> <p>(3) The employee may change between the benefits plans offered or sponsored by the Fund.</p> <p>The effective date of any of the foregoing changes in coverage shall be the date of the employee's retirement.</p>	<p>The proposed rule covers PHEF rule §6-34-4.</p> <p>Same as PEHF rule, §6-33-7(a)(4)&(5); proposed rule allows a retiring employee to make any change to his or her current enrollment or to make a change between plans.</p>

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			<p>(f) <u>Mandatory Change to Medicare Supplemental Plan for Retired Employees.</u> An employee-beneficiary shall file an enrollment application to change from a regular health benefits plan enrollment to a Medicare supplemental plan offered by the Fund when the employee-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan. Notwithstanding Rule 4.06, this change in coverage shall be effective on the later of the following two dates:</p> <p>(1) The date that the employee-beneficiary becomes eligible for Medicare; or</p> <p>(2) The first day of the month in which the Fund receives the employee-beneficiary's enrollment application.</p> <p>(g) <u>Changes Between Plans.</u> An employee-beneficiary may change between benefits plans offered or sponsored by the Fund when the employee-beneficiary moves to a residence outside of the geographic areas covered by the employee-beneficiary's present benefits plan. The effective date of the change in plans shall be the employee-beneficiary's date of change in residence.</p>	<p>Same as PEHF rule, §6-33-5.</p> <p>Covers PEHF rule, §6-33-6 (a)(1).</p>
§6-33-5	<p><u>Enrollment change to medicare supplemental plans; effective date of coverage.</u> (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary shall file an enrollment application to change from a regular plan enrollment to a medicare supplemental plan enrollment with the same carrier and in the same type of enrollment when the employee-beneficiary or a dependent-beneficiary becomes enrolled under the federal medicare plan provided payment of the applicable monthly contribution is made for the coverage.</p> <p>(b) Coverage shall become effective on the first day of the month in which the employee-beneficiary files an enrollment application for the coverage.</p> <p>[Eff. 1/22/82, am and comp 7/5/96] (Auth: HRS §87-30)</p>		Covered in Rule 5.03 (f).	

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	(Imp: HRS §§87-26, 87-27)			
§6-33-6	<p>Enrollment changes between plans; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee beneficiary may file an enrollment application to change enrollment from one health fund plan or employee organization plan to another health fund plan or employee organization plan if the plan is available within thirty-one days before to thirty-one days after the date of the following events provided payment of the applicable monthly employee contribution is made for such coverage:</p> <p>(1) Change of residence outside of the geographic area covered by his or her present health benefit plan;</p> <p>(2) Loss of coverage as a dependent-beneficiary in a health fund plan because:</p> <p>(A) The covering enrollment was terminated; or</p> <p>(B) The covering enrollment was changed from family to self only;</p> <p>(3) Upon retirement, change from the health fund health benefit or group life insurance plan to an employee organization health benefit or group life insurance plan or change from an employee organization health benefit or group life insurance plan to the health fund health benefit or group life insurance plan;</p> <p>(4) Change from an employee organization health benefits or life insurance plan to a health fund or another employee organization health benefits or life insurance plan if the employee-beneficiary's enrollment in the employee organization plan is involuntarily terminated. For the purposes of this subsection, "involuntary termination" shall include</p>			<p>There are no proposed rules as the events in this PEHF rule are covered in the proposed Rule 5.02 covering enrollment or proposed Rule 5.03 covering changes in enrollment.</p> <p>Covered by Rule 5.03(g).</p> <p>Covered by Rule 5.02(c).</p> <p>Not applicable</p> <p>Not applicable.</p>

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	<p>a change in employment representation under chapters 89 and 89C, HRS, or when the employee-beneficiary is issued a paid-up life insurance policy but shall not include termination due solely to non-payment of premiums or membership dues. An employee who voluntarily cancels or terminates any employee organization plan in which he or she is participating may not enroll until the health fund's next open enrollment period; or</p> <p>(5) Change from a non-contributory employee organization health benefit plan to a health fund plan when the employee-beneficiary loses coverage in a non-health fund plan because of his or her spouse's eligibility or employment termination, death, or divorce.</p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the date of the event and the applicable monthly employee contribution is paid. [Eff. 1/22/82; am 3/7/88; am 9/17/93; am and comp 7/5/96; am 4/18/97] (Auth: HRS §87-30) (Imp: HRS §87-26)</p>		Not applicable.	
§6-33-7	<p>Other enrollment changes; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an eligible employee-beneficiary may file an enrollment application to make the following enrollment changes in a health fund benefit plan within thirty-one days before to thirty-one days after the date of the following events provided payment of the applicable monthly employee contribution is made for such coverage:</p> <p>(1) Name change of enrolled employee-beneficiary or a dependent-beneficiary without a change in health fund benefit plan coverage;</p>		Covered by Rule 4.07.	

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	<p>(2) Change from family to self only enrollment without a change in marital or family status;</p> <p>(3) Addition of a dependent-beneficiary to a family enrollment for any reason, including pursuant to a Qualified Medical Child Support Order;</p> <p>(4) If actively employed on the day before the effective date of the employee-beneficiary's retirement and: (A) Covered as a dependent-beneficiary by a spouse under a family enrollment, the employee-beneficiary may enroll to receive continuous coverage as an employee-beneficiary under a family enrollment; or (B) Covered as an employee-beneficiary under a self only enrollment, the employee-beneficiary may enroll to receive continuous coverage under a family enrollment and include eligible dependent-beneficiaries;</p> <p>(5) Upon the retirement of both spouses who are eligible employee-beneficiaries, they may change their family enrollment to separate self only enrollments in a health fund benefit plan; or</p> <p>(6) Deletion of an enrolled dependent-beneficiary due to death, divorce, marriage annulment or entering into active military service without a change in health fund benefit plan coverage.</p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the event date of the event and the applicable monthly employee contribution is paid. [Eff. 1/22/82; am 8/29/83; am 3/7/88; am and comp 7/5/96]</p>		<p>Covered by Rule 5.03(a).</p> <p>Covered by Rules 5.02(f) and 5.03(e).</p> <p>Covered by Rules 5.02(f) and 5.03(e).</p> <p>Covered by Rule 5.03(b).</p>	<p>Proposed Rule 5.03 requires an occurrence of a qualifying event to make such change.</p>

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	(Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)			
§6-33-7.5	Addition of a dependent-beneficiary to an existing family enrollment. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an eligible employee-beneficiary may file an enrollment application to add a dependent-beneficiary in an existing family enrollment within thirty-one days before to thirty-one days after the date the dependent-beneficiary becomes a family member. (b) Coverage shall become effective on the date the dependent-beneficiary becomes a family member, provided the employee-beneficiary files an enrollment application for the change as specified in subsection (a). [Eff. 8/29/83; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)		Same as Rule 5.03(a).	
§6-33-8	Open and special enrollment periods; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary may file an enrollment application to make any one or a combination of specific enrollment changes as approved by the board during an open or special enrollment period. (b) The board may approve the following types of enrollment changes: (1) From a not enrolled status to an enrolled status; (2) Changes of present enrollment status; (3) Enrollment changes between health fund plans and employee organization plans; or (4) Other enrollment changes. (c) Coverage shall become effective on the date approved by the board for open and special enrollment period changes. [Eff 1/22/82; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)	5.01	Open and Special Enrollment Periods Except as otherwise provided by these rules, an employee-beneficiary may file an enrollment application during an open or special enrollment period to make any one or a combination of specific enrollment changes that have been approved by the board for that open or special enrollment period. The changes that the board may approve include, but are not limited to, changes from non-enrolled to enrolled status, changes between plans, and changes in levels of coverage. All changes made shall become effective on the date approved by the board for the open or special enrollment period.	Same.
§6-33-9	Dual enrollment. No person may be simultaneously	4.03	Dual or Multiple Enrollments	Combined PEHF rules §§6-33-9 and 6-33-10.

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	enrolled in a health fund benefit plan as employee-beneficiary and as a dependent-beneficiary, nor may his unmarried children be enrolled by more than one employee-beneficiary. The health fund shall cancel any dual coverage enrollment. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26, 87-29, 87-30)		(a) No person may be enrolled simultaneously in any benefits plan offered or sponsored by the Fund as both an employee-beneficiary and a dependent-beneficiary, nor may unmarried children be enrolled by more than one employee-beneficiary. The Fund shall cancel any and all such dual coverage enrollments. (b) Where an employee-beneficiary files more than one enrollment application, the enrollment application bearing the latest filing date shall be the one used by the Fund to process the employee-beneficiary's enrollment, provided the employee-beneficiary is eligible for such enrollment.	
§6-33-10	Multiple enrollments. Where an employee-beneficiary files more than one enrollment application, the enrollment application bearing the latest filing date shall be approved, provided the employee-beneficiary is eligible for such enrollment. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)		Included in Rule 4.03(b).	
§6-33-11	Enrollment of ineligible persons The enrollment of an ineligible person who was permitted to enroll in error shall be canceled by the administrator or the employee-beneficiary's employing agency as follows: <ol style="list-style-type: none"> (1) Where the person is notified of the error prior to the effective date of enrollment requested, the person shall be treated as if the enrollment application was not submitted; or (2) Where the person is notified of the error after the effective date of enrollment requested, his or her enrollment shall be canceled at the end of the month in which the employee-beneficiary or dependent-beneficiary received notification, subject to chapters 30 through 36 and the contract governing each health fund benefit plan. [Eff. 1/22/82; am 5/12/90; am and comp 1/5/96] (Auth:	4.04	Cancellation of Erroneous Enrollments The enrollment of any ineligible person who was permitted to enroll in error shall be canceled. <ol style="list-style-type: none"> (a) When the person is notified of the error prior to the effective date of the enrollment, the person shall be treated as if the enrollment application was not submitted. (b) When the person is notified of the error after the effective date of the enrollment, the enrollment shall be canceled retroactive to the date of enrollment. The board may from time to time set standards and procedures for the Fund's recovery of benefits paid in error and for the refund of any premiums paid by the employee-beneficiary with respect to an ineligible person; provided, however, that any refund of premiums may be conditioned upon the Fund's recovery of benefits paid in error. 	Same. The proposed rule also provides the Fund the authority to seek recovery for benefits paid in error to an ineligible person and to refund premiums paid by an employee-beneficiary with respect to an erroneous enrollment.

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	HRS §87-30) (Imp: HRS §§87-25, 87-26, 87-29, 87-30)			
§6-33-12	Failure to file within the prescribed time. An employee-beneficiary who fails to file an enrollment application within the prescribed times shall not be permitted to file until the next open enrollment period. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)	4.06	Failure to File Properly Completed Enrollment Application Within the Prescribed Time; Effect on Coverage Dates Except as otherwise provided in these rules or by applicable federal or state law, the following shall apply to all applications to enroll in the benefit plans offered or sponsored by the Fund, to add or delete dependent-beneficiaries, or to change enrollments or coverages under Rules 5.02 and 5.03: (a) No enrollment of an employee-beneficiary, addition or deletion of a dependent-beneficiary, or change in an enrollment or coverage shall be effective without the filing of a properly completed enrollment application. (b) The effective dates of coverage, deletions of coverage, and changes in coverage set forth in Rules 5.02 and 5.03 shall be dependent on the filing of a properly completed enrollment application within thirty-one days of the specified event that allows the filing of the application. (c) An employee-beneficiary who fails to file an enrollment application within the time prescribed by subsection (b) or any otherwise applicable rule shall not be permitted to file that application until the next open or special enrollment period.	Same and proposed rule further clarifies that an enrollment form is necessary to make any enrollment changes.
§6-33-13	Date of filing. An employee-beneficiary's enrollment application or beneficiary designation form shall be deemed to have been filed on the date the employee-beneficiary's employing agency actually receives the required forms. However, if such forms are filed before the prescribed time as stated in these rules, the employee-beneficiary's enrollment forms or beneficiary designation form shall be deemed to have been filed on the date that person would have been first eligible to file. Upon receipt by the health fund, an employee-beneficiary may not amend the enrollment application request to enroll or to change his or	4.05	Date of Filing An employee-beneficiary's enrollment application, beneficiary designation, or any other form required to be filed with the Fund shall be deemed to have been filed with the Fund on the date the employee-beneficiary's employing agency or the Fund actually receives the application, beneficiary designation or other form. However, if filed before the time or times prescribed in these rules, an enrollment application, beneficiary designation or other form shall be deemed to have been filed on the date that the person would have been first eligible to file that document.	Same

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	her enrollment in a health fund benefit plan to another benefit plan. [Eff. 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)			
§6-33-14	Enrollment by a representative. A representative of an employee-beneficiary, having a written authorization to do so, may file enrollment forms for the employee-beneficiary. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)		Included in Rule 4.01(c)	
§6-33-15	Notification and filing of names, addresses and other data changes. Each employee-beneficiary shall immediately notify the health fund through the employee-beneficiary's employing agency, in writing of any changes of name, address, or other pertinent information. [Eff. 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)	4.07	Notification of Changes in Personal Information Each employee-beneficiary shall immediately notify the Fund directly or through the employee-beneficiary's employing agency of any changes in the employee-beneficiary's name or address, any changes in the employee-beneficiary's marital status, any birth or adoption of a child or other changes in the family status of the employee-beneficiary, and any other material changes in the information previously filed by the employee-beneficiary as part of an enrollment application. Each notice shall be in writing and shall be sent or delivered to the Fund directly or through the employee-beneficiary's employing agency.	Same with proposed rule providing clarification on the types of changes in personal information that are expected to be reported.
§6-33-16	Filing exceptions for retired members and certain employee-beneficiaries. (a) Except for section 6-33-8, the filing time limits specified in chapters 30 through 36 shall not apply to the following persons: (1) Retired members who are currently enrolled in a health fund benefits plan; (2) The surviving spouse or any unmarried child under the age of nineteen of a deceased retired member; or (3) The surviving spouse or any unmarried child under the age of nineteen of an employee who is killed in the performance of duty.	4.08	Filing Exceptions (a) Rule 4.06 and the filing times prescribed in these rules shall not apply to the following persons: (1) Retired members who are currently enrolled in a benefits plan offered or sponsored by the Fund; (2) The beneficiaries of a deceased retired member; and (3) The beneficiaries of any employee who is killed in the performance of duty.	Same with the clarification that enrollment in Medicare Part B is excluded from the filing exceptions provided by this rule.

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	<p>(b) Coverage for persons specified in subsection (a) shall become effective as follows:</p> <p>(1) On the date of the event if the employee-beneficiaries file their enrollment application no later than thirty-one days after the event which makes them eligible; or</p> <p>(2) On the first day of the month following the date the employee beneficiaries file their enrollment applications.</p> <p>[Eff 1/22/82; am and comp 7/5/96] (Auth: HRS §§87-30) (Imp: HRS §§87-29, 87-30)</p>		<p>(b) Coverage for the persons covered by subsection (a) shall become effective on the later of:</p> <p>(1) The date of the event that makes the person eligible for enrollment, when a properly completed enrollment application is filed within thirty-one days of the event; or</p> <p>(2) The first day of the month following the date the person files a properly completed enrollment application.</p> <p>(c) Nothing in Rule 4.08 shall permit an employee-beneficiary or dependent-beneficiary who is eligible to enroll in the Medicare Part B medical insurance plan to be covered under any benefits plan offered or sponsored by the Fund until enrolled in the Medicare Part B medical insurance plan. Further, nothing in this rule is meant to permit the enrollment of any person who is not otherwise eligible for enrollment in the benefits plan offered or sponsored by the Fund.</p>	
	SUBCHAPTER 2 CONTINUATION OF ENROLLMENT			
§6-33-17	<p>Continuation of enrollment. (a) Except as otherwise provided in sections 6-33-18 through 6-33-22, an employee-beneficiary's enrollment in a health fund benefit plan shall continue:</p> <p>(1) As long as the employee-beneficiary remains eligible to receive benefits:</p> <p>(2) While the employee-beneficiary is on an authorized leave of absence, with or without pay, provided the employee-beneficiary pays the entire monthly contribution on or before the first day of each month to the health fund, or if a county employee, to the respective county director of finance if the required monthly contribution is not withheld from</p>	6.01	<p>Continuation of Enrollment Subject to applicable federal and state law, coverage under the benefits plans offered or sponsored by the Fund shall continue:</p> <p>(a) While an employee-beneficiary is on any leave of absence, provided the employee-beneficiary pays the full cost of the coverage less any contribution paid by the employer on behalf of the employee-beneficiary as provided by statute, the employer's administrative rules, or an applicable bargaining unit agreement;</p>	<p>Unnecessary; PEHF §6-33-17(a)(1) is covered by eligibility criteria.</p> <p>Proposed rule clarifies that coverage will continue provided the total premium is paid and the responsibility for payment lies with the employee minus any contributions made by the employer.</p>

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	the employee's paycheck while the employee is on leave;			
	(3) While the employee-beneficiary participates in an employee strike authorized by chapter 89, Hawaii Revised Statutes, the collective bargaining in public employment law, provided the employee-beneficiary pays the entire monthly contribution on or before the first day of each month to the health fund, or if a county employee, to the respective county director of finance if the required monthly contribution is not withheld from the employee's paycheck while the employee is on strike;			
	(4) If the employee-beneficiary is a full-time employee of the Hawaii national guard who is placed on active military duty to obtain training; or	(c)	If an employee-beneficiary is a full-time employee of the Hawaii National Guard who is placed on active military duty; and	Same.
	(5) During a period of suspension from duty, if such period is less than thirty-one days.	(b)	While an employee-beneficiary is on suspension from work for less than thirty-one days, provided that the employee-beneficiary pays the full cost of the coverage less any contribution paid by the employer on behalf of the employee-beneficiary as provided by statute, the employer's administrative rules, or an applicable bargaining unit agreement;	Same with the clarification that payment of premium must be continued.
	(b) An employee who terminates employment and is rehired by an employing agency within the same pay period or the next consecutive pay period shall be considered as a transfer of employment under these rules. Such persons, as transfers, shall be required to maintain their former coverage in a health fund benefit plan as if continuously enrolled and shall pay their applicable monthly contributions for such coverage. Changes of enrollment will not be allowed unless the benefit plan is unavailable at the new employment	(d)	When an employee terminates employment and is rehired by an employing agency within the same pay period or the next consecutive pay period. The employee shall be considered as having transferred employment, shall be treated as if continuously enrolled in the Fund benefits plan in which the employee was enrolled at the time of termination, shall be required to pay the full cost of coverage to the extent that such is not paid by the employee's employer, and shall not be allowed to change	Same.

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	location. [Eff. 1/22/82; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)		between plans unless the employee's current Fund benefits plan is unavailable at the employee's new employment location.	
	SUBCHAPTER 3 PREMIUM SHORTAGE AND REINSTATEMENT			
§6-33-18	<p>Notice of premium shortage. (a) The administrator shall send a notice of premium shortage to an employee-beneficiary if any of the employee-beneficiary's required monthly contributions are not paid or withheld from his earnings and transmitted in full to the health fund or, if a county employee, to the respective county director of finance on a timely basis or as required by chapter 87, Hawaii Revised Statutes, and chapters 30 through 36, in addition to notifying the employee-beneficiary that the employee-beneficiary and all dependent-beneficiaries shall be ineligible to receive health fund benefits beginning 30 days after the last day of the month in which the premium shortage occurred unless the employee-beneficiary takes timely action to reinstate the delinquent enrollment.</p> <p>(b) The administrator shall notify the employee-beneficiary of the contribution or premium shortage. The administrator shall instruct the employee-beneficiary on how to reinstate the ineligible enrollment.</p> <p>(c) The employee-beneficiary's enrollment in all health fund benefit plans shall be reinstated upon full payment of the deficient contribution amount and other required monthly contributions to the health fund or, if a county employee, to the respective county director of finance within thirty days after the date on which such contribution payment was due, whether or not notice of such deficiency was received.</p> <p>(d) The administrator may delegate the authority to cancel and reinstate the enrollment of employee-beneficiaries to each county director of finance in order to</p>	6.02	<p>Contribution Shortages</p> <p>(a) A notice of contribution shortage shall be sent to an employee-beneficiary if any portion of the employee-beneficiary's required monthly contributions is not paid or is not withheld from the employee-beneficiary's earnings and transmitted to the Fund. The notice shall be sent within fifteen days of the date on which the required monthly contribution payment was due. The notice shall require the employee-beneficiary to make full payment of the contribution shortage within sixty days of the date on which the required monthly contribution payment was due.</p> <p>(b) Regardless of whether or not the notice of contribution shortage is received by the employee-beneficiary, if the employee-beneficiary fails to make full payment of the contribution shortage within sixty days of the date on which such contribution payment was due, the employee-beneficiary's enrollment in the benefit plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under such enrollment shall be canceled as set forth in Rule 6.03(c).</p> <p>(c) The Board may delegate authority to cancel enrollment of employee-beneficiaries and dependent-beneficiaries to each county director of finance.</p>	<p>Proposed rule extends period to pay contribution shortage to 60 days after which coverage is cancelled.</p> <p>The proposed rule does not allow for reinstatement upon full payment because it was found through interviews with various departments and Health Fund staff that there are many instances where a delinquent employee will pay the premium shortages only when the employee needs medical treatment.</p> <p>Same.</p>

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	implement the administration of the fund. [Eff. 1/22/82; am 5/12/90; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)			
§6-33-18.5	<u>Reinstatement upon return from federal Family Medical Leave Act (FMLA) of 1993.</u>	6.05	<p>Reinstatement of Enrollment; Effective Dates of Reinstatement</p> <p>(a) <u>Reinstatement in Employment.</u> If as a result of an order or award from a court, arbitrator or other entity with proper jurisdiction over the matter, an employee-beneficiary is found to have been wrongfully terminated or suspended and is ordered to be reinstated in state or county employment, the employee-beneficiary shall be reinstated in the same Fund benefit plans from which the employee-beneficiary's coverage was terminated. The effective date of the reinstatement shall be the date of termination so that the employee-beneficiary's coverage is continuous, provided that the employee-beneficiary pays the full cost of such coverage less any contribution paid by the employer on behalf of the employee-beneficiary as provided by statute, the employer's administrative rules, or an applicable bargaining unit agreement. If the full cost of such coverage is not paid, the effective date of the reinstatement shall be the employee-beneficiary's return to active payroll as follows:</p> <p>(1) When the employee-beneficiary returns to the active payroll on or between the first and fifteenth of a month, the effective date of reinstatement shall be the first day of the month following the employee-beneficiary's return to active payroll; or</p> <p>(2) When the employee-beneficiary returns to the active payroll on or between the sixteenth and last day of a month, the effective date of reinstatement shall be the sixteenth day of the month following the employee-beneficiary's return to active payroll.</p>	<p>The proposed rule consolidates the current PEHF reinstatement rules into one rule.</p> <p>This proposed rule addresses the PEHF rule, §6-33-3(a)(3), and clarifies the conditions upon which reinstatement is made.</p>

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	<p>(a) In the event that an employee-beneficiary's enrollment is:</p> <p>(1) Voluntarily canceled by the employee or</p> <p>(2) Canceled by the administrator because the employee-beneficiary failed to fully and timely make any required contributions in accordance with these rules, either type of cancellation occurring while the employee-beneficiary is on an authorized leave without pay including a leave pursuant to the Family Medical Leave Act (FMLA) of 1993, upon the employee-beneficiary's return to employment, enrollment shall be reinstated on the same terms and conditions as such employee-beneficiary was enrolled as of the date that such leave commenced.</p> <p>(b) The employee-beneficiary's enrollment shall become effective on the return to employment date, provided that the applicable monthly premiums are paid and an enrollment application is filed within 31 days of the return to work date. [Eff and comp 7/5/96; am 4/18/97] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-29, 87-30)</p>		<p>(b) <u>Return From an Authorized Leave of Absence; Coverage Provided During Leave by a Non-Fund Benefits Plan.</u> If an employee-beneficiary returns from an authorized leave of absence during which coverage was provided by a Non-Fund benefits plan, the employee-beneficiary may be reinstated in the same Fund benefits plans from which coverage was canceled. The reinstatement shall be effective as of the first day of the pay period following the employee-beneficiary's return from the leave of absence.</p> <p>(c) <u>Return From a Leave of Absence Covered by the Family Medical Leave Act (FMLA) Or Uniform Services Employment and Reemployment Rights Act (USERRA).</u> If an employee-beneficiary returns from a leave of absence covered under the FMLA or USERRA and the employee-beneficiary's enrollment in the Fund benefits plans was canceled during that leave of absence, the employee-beneficiary shall be reinstated in the same Fund benefits plans from which coverage was canceled. The reinstatement shall be effective upon the employee-beneficiary's return to work.</p> <p>(d) <u>Enrollment in Medicare by a Retired Employee.</u> If the enrollment of an employee-beneficiary or the coverage of a dependent-beneficiary was terminated due to the employee-beneficiary's or dependent-beneficiary's failure to enroll in the federal Medicare Part B medical insurance plan, upon the employee-beneficiary's or dependent-beneficiary's enrollment in such plan and submission of a</p>	<p>Same as the PEHF rule, §6-33-3(a)(2).</p> <p>Proposed rule incorporates both the FMLA and USERRA requirements for reinstatement of coverage.</p> <p>New. The proposed rule provides for reinstatement upon enrollment into Medicare Part B; this is the PEHF's current practice.</p>

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			proper and complete enrollment application to the Fund, the employee-beneficiary or dependent-beneficiary shall be enrolled in or covered by the Medicare supplemental plan offered by the Fund. The coverage shall be effective on the date specified in Rule 5.03(f).	
	SUBCHAPTER 4 CANCELLATION AND TERMINATION OF ENROLLMENT	6.00 CONTINUATION, CANCELLATION, TERMINATION AND REINSTATEMENT OF ENROLLMENT		
§6-33-19	<p>Cancellation of enrollment. (a) An employee-beneficiary may voluntarily cancel the enrollment in a health fund benefit plan at any time by filing an enrollment application requesting a plan cancellation. Except upon reinstatement as otherwise provided in these rules, the employee-beneficiary shall not be permitted to re-enroll in the same health fund benefit plan until the next open enrollment period.</p> <p>(b) Subject to reinstatement as provided in these rules, the administrator shall change or cancel an employee-beneficiary's enrollment in a health fund benefit plan:</p> <p>(1) If that person is ineligible to receive such benefits under the health fund law or under these rules;</p> <p>(2) If the employee-beneficiary fails to sign and file the necessary enrollment forms or documents that</p>	6.03	<p>Cancellation of Enrollment; Effective Dates of Cancellation</p> <p>(a) <u>Voluntary Cancellation Requested by the Employee-Beneficiary.</u> An employee-beneficiary may voluntarily cancel enrollment in a Fund benefits plan at any time by filing an enrollment application requesting cancellation with the employee-beneficiary's employing agency or the Fund. The cancellation shall be effective on the following dates:</p> <p>(1) If a particular date of cancellation is requested by the employee-beneficiary, the last day of the pay period during which the requested date of cancellation occurs; or</p> <p>(2) If no date of cancellation is requested by the employee-beneficiary, the last day of the pay period during which the Fund receives the employee-beneficiary's request for cancellation.</p> <p>After the effective date of cancellation, the employee-beneficiary may not re-enroll in any benefits plans offered or sponsored by the Fund until the next open enrollment period.</p> <p>(b) <u>Cancellation Due to Ineligibility.</u> If a person is ineligible to enroll in or be covered under a benefits plan offered or sponsored by the Fund, that person's enrollment shall be canceled. The effective date of any such cancellation shall be as stated in Rule 4.04(b).</p> <p>Incorporated into Rules 4.02 and 4.04.</p>	<p>Proposed rule permits cancellation as of the end of the pay period in which the request was received rather than the end of the month.</p> <p>Same.</p>

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	are required by the board, administrator, or health fund insurance carriers;			
	(3) If the employee-beneficiary has not paid his or her deficient required monthly contribution amount of any health benefits plan on or before the first day of the next month after receiving the administrator's notification letter of contribution shortage; or		(c) <u>Cancellation Due to Failure to Pay Contributions.</u> If an employee-beneficiary fails to make full payment of any required contribution required under any benefits plan offered or sponsored by the Fund, the employee-beneficiary's enrollment and all coverages for dependent-beneficiaries under that enrollment shall be canceled. The effective date of the cancellation shall be the last day of the last pay period for which full and complete payment of the required contributions was received by the Fund.	PEHF rule §6-33-6-33-18(a) requires cancellation at the end of the month in which the shortage occurred. The proposed rule provides that cancellation of coverage is effective on the last day of the pay period for which full payment was received. The proposed rule provides needed administrative flexibility so that subsequent payments may be applied to the shortage period and cancellation may be later than the month in which the shortage occurred.
			(d) <u>Cancellation Due to Failure to Enroll in Medicare.</u> If an employee-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan and fails to do so, the employee-beneficiary's enrollment in all of the benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be cancelled. If a dependent-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan and fails to do so, the dependent-beneficiary's coverage in all of the benefits plans offered or sponsored by the Fund shall be cancelled. The effective date of any cancellation under this rule shall be the date upon which the employee-beneficiary or dependent-beneficiary, as applicable, first became eligible to enroll in the federal Medicare Part B medical insurance plan.	New. The proposed rule reflects current practice.
	(4) If the employee-beneficiary has not complied with the requirements of chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 within thirty-one days from date of notification by the administrator or the employee-beneficiary's employing agency. [Eif. 1/22/82; am 5/12/90; am		(e) <u>Failure to Comply with Rules.</u> If an employee-beneficiary materially fails to comply with any of the Fund's rules, the employee-beneficiary's enrollment in all of the benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment may be canceled after notice of such has been	Same; proposed rule clarifies notification requirements and the effective date of cancellation.

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	9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §87-26)		provided to the employee-beneficiary. The board may set standards and procedures for providing notice to employee-beneficiaries under this rule. The notice shall at a minimum specify how the employee-beneficiary has failed to comply with the Fund's rules, and a date by which the employee-beneficiary must comply with the Fund's rules in order to avoid cancellation. The effective date of the cancellation shall be the date set forth in the notice as to when the employee-beneficiary must comply with the Fund's rules in order to avoid cancellation.	
§6-33-20	<p>Effective date of cancellation. Cancellation of an employee-beneficiary's enrollment in a health fund benefit plan shall become effective:</p> <p>(1) No earlier than the last day of the month following the date the employee-beneficiary files an enrollment application with his employing agency to request a plan cancellation;</p> <p>(2) On the date the employee-beneficiary was last deemed enrolled by the administrator according to chapter 87, Hawaii Revised Statutes, and chapters 30 through 36; or</p> <p>(3) On the last day of the pay period prior to the date the employee-beneficiary changes family size, if both husband and wife are employee-beneficiaries who are enrolled in self only health fund benefit plans and request to change to a family plan enrollment under the name of either one of the spouses.</p> <p>[Eff 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>		Included in proposed Rule 6.03 following each event.	
§6-33-	Termination of enrollment. An employee-beneficiary's	6.04	Termination of Enrollment; Effective Dates of Termination	

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21	<p>enrollment shall be terminated when one of the following events occurs:</p> <p>(1) Loss of eligibility because of a change in employment status;</p> <p>(2) Dismissal from service for cause;</p> <p>(3) Employment suspension, if the suspension period is more than thirty-one days;</p> <p>(4) Remarriage of the surviving spouse of a deceased retired member of a state or county retirement system or the surviving spouse of an employee who was killed in the performance of duty; or</p> <p>(5) When an unmarried child who qualifies as an employee-beneficiary attains the age of nineteen, marries, or enters active military service.</p> <p>[Eff. 1/22/82; am and comp 7/5/96; am 4/18/97] (Auth: HRS §§87-30) (Imp: IIRS §§87-26, 87-29, 87-30)</p>		<p>(a) <u>Termination Due to Change in Employment Status.</u> An employee-beneficiary's enrollment in all benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be terminated upon the employee-beneficiary's loss of eligibility to participate in such plans due to a change in employment status. The effective date of the termination shall be the last day of the pay period in which the change in employment status occurred.</p> <p>(b) <u>Termination Due to Employment Suspension.</u> An employee-beneficiary's enrollment in all benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be terminated when the employee-beneficiary is suspended from employment with the State or county for more than thirty-one days. The effective date of the termination shall be the thirty-first day of the suspension.</p> <p>(c) <u>Termination Due to Surviving Spouse's Remarriage.</u> A surviving spouse's enrollment in all benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be terminated upon the spouse's remarriage. The date of the termination shall be the date of the remarriage.</p> <p>(d) <u>Termination Due to Child's Loss Of Eligibility.</u> A child's enrollment in all benefit plans offered or sponsored by the Fund shall be terminated upon the occurrence of any of the following events:</p> <p>(1) The child marries;</p> <p>(2) The child enters active military duty;</p> <p>(3) The child reaches the age of nineteen and is not a full-time student in an accredited college or university;</p>	<p>Same.</p> <p>Same.</p> <p>Same.</p> <p>Same.</p>

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			<p>(4) The child is between the ages of nineteen and twenty-five and ceases to be a full-time student in an accredited college or university; or</p> <p>(5) The child reaches the age of twenty-five. Unless provided otherwise by these rules or applicable federal or state law, the effective date of the termination shall be the date of the event.</p> <p>(c) <u>Termination Due to Filing of Fraudulent Claims.</u> An employee-beneficiary's enrollment in all of the benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment may be terminated if the employee-beneficiary files fraudulent claims for benefits with the Fund. A dependent-beneficiary's coverage in all of the benefits plans offered or sponsored by the Fund may be terminated if the dependent-beneficiary files fraudulent claims for benefits with the Fund. The effective date of the termination shall be the date that the Fund determines that the employee-beneficiary or dependent-beneficiary, as applicable, has filed fraudulent claims with the Fund.</p> <p>(f) <u>Notice to the Fund; Recovery of Benefits.</u> If an event occurs that terminates a person's enrollment under Rule 6.04 or that otherwise makes a person ineligible for continued enrollment or coverage in the benefits plans offered or sponsored by the Fund, that person shall notify the Fund of the event as soon as reasonably practicable. All such notices shall be in writing and shall be sent to the Fund. The Fund shall be entitled to seek recovery of any benefits that were provided to any person after an event that terminated the person's enrollment under Rule 6.04 or that otherwise made that person ineligible for continued enrollment in or coverage by the benefits plans offered or sponsored by the Fund. In seeking to recover benefits under this rule, the Fund shall have the rights of offset and set-off, including without limitation, the right</p>	<p>New.</p> <p>New.</p>

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			to recover amounts from and out of any and all future benefits payable to the person whose enrollment was terminated or who otherwise ceased to be eligible for continued enrollment or coverage in the Fund's benefits plans.	
§6-33-22	<p>Effective date of termination. An employee-beneficiary's enrollment termination shall become effective as follows:</p> <p>(1) On the last day of the pay period if enrolled in a health fund benefit plan which requires the employee-beneficiary to pay a monthly contribution; or</p> <p>(2) On the last day of the month if the employee-beneficiary is enrolled in a health fund benefit plan in which his or her employing agency pays the entire monthly contributions.</p> <p>[Eff 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>		Included in Rule 6.04.	
	CHAPTER 34 HEALTH BENEFITS PLANS			
§6-34-1	<p>Persons eligible for coverage. (a) All employee-beneficiaries and their dependent-beneficiaries are eligible for coverage in the following health benefit plans:</p> <p>(1) Medical plan,</p> <p>(2) Vision care plan, and</p> <p>(3) Prescription drug plan.</p> <p>(b) All employee-beneficiaries and their spouses are eligible for coverage in the adult dental plan.</p> <p>Eff. 1/22/82; am 5/12/90; am 9/17/93] (Auth: HRS §87-30) (Imp: HRS §§87-22, 87-26)</p>			Normally included in the summary plan document.
§6-34-2	<p>Types of enrollment. (a) An eligible employee-beneficiary may enroll in either one of the following health benefit plans:</p> <p>(1) Regular plan:</p> <p>(A) Self only coverage; or</p> <p>(B) Family coverage to include all dependent-</p>			Normally included in the summary plan document.

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	<p>beneficiaries. For the adult dental plan, a family enrollment shall provide dental coverage only to the employee-beneficiary and spouse; or</p> <p>(2) Medicare supplemental plan:</p> <p>(A) Self only coverage if the employee-beneficiary is enrolled in part A or B of the federal Medicare plan; or</p> <p>(B) Family coverage if the employee-beneficiary or a dependent-beneficiary is enrolled in part A or B of the federal Medicare plan. Under this enrollment, regular plan benefits are provided to persons who are not covered by the federal Medicare plan.</p> <p>(b) If both husband and wife are employee-beneficiaries, they may select self only enrollments or either spouse may select a family enrollment to cover a husband or wife and any unmarried child under the age of nineteen; but in that event, only one spouse may enroll for coverage. [Eff. 1/22/82; am 5/12/90] (Auth: HRS §87-30) (Imp: HRS §§87-22, 87-26, 87-27)</p>			
§6-34-3.5	<p>Employer's monthly contribution. Whenever the employer's monthly contribution to the Hawaii public employees health fund is less than one hundred percent (100%) of the monthly premium amount, such monthly contribution shall be rounded to the nearest cent as provided below:</p> <p>(1) When rounding to the nearest cent results in an even amount, such even amount shall be the employer's monthly contribution. For example:</p> <p>(A) \$11.397 = \$11.40 = \$11.40 (employer's monthly contribution).</p> <p>(B) \$11.382 = \$11.38 = \$11.38 (employer's monthly contribution).</p> <p>(2) When rounding to the nearest cent results in an odd amount, round down to the next even amount, and</p>			Currently included in collective bargaining agreements; unnecessary as a rule.

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	such even amount shall be the employer's monthly contribution. For example: (A) \$11.392 = \$11.39 = \$11.38 (employer's monthly contribution). (B) \$11.386 = \$11.39 = \$11.38 (employer's monthly contribution). [Eff. 4/18/97] (Auth: HRS §87-30) (Imp: HRS §§87-4.5, 87-4.6, 87-6)			
§6-34-4	Unmarried children who are employee beneficiaries. For the purpose of providing health benefits to unmarried children under age 19 who are employee-beneficiaries, the youngest child shall be designated as the employee-beneficiary and other brothers and sisters shall be classified as dependent-beneficiaries. Such persons shall be covered in family enrollment of a medical plan carrier or in a self only enrollment if there is only one unmarried child. [Eff. 1/22/82; am 5/12/90] (Auth: HRS §87-30) (Imp: HRS §§87-1, 87-4, 87-26)			Covered under proposed Rule 5.03(d).
§6-34-5	Loss of eligibility. A dependent-beneficiary shall lose eligibility to receive health benefits on the last day of the month in which: (1) A wife or husband is granted a divorce or annulment of marriage; (2) A child under nineteen marries, attains the age of nineteen, or enters active military service; (3) A disabled child over nineteen marries or becomes capable of self-support; or (4) The employee-beneficiary who provides the covering enrollment becomes ineligible for such enrollment. [Eff. 1/22/82; am 5/12/90; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26, 87-29, 87-30)			Covered by eligibility rule and normally included in the summary plan document.
§6-34-6	Disabled children reaching age nineteen. Persons who are			Covered by eligibility rule and normally included in

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	incapable of self-support because of physical or mental disability existing before their nineteenth birthday may be enrolled as a dependent-beneficiary for a duration of their disability provided a certificate acceptable to the board is submitted to the administrator for review and approval. The certificate may have to be renewed periodically if such disability is not considered permanent. The administrator shall cancel the dependent-beneficiary's enrollment if the certificate is not renewed within a reasonable time after the administrator's request. [Eff. 1/22/82; am 3/7/88] (Auth: HRS_§87-30) (Imp: HRS §§87-1, 87-26)			the summary plan document.
§6-34-8	Reimbursement of medicare premiums. (a) If a retired member or spouse is enrolled in part B of the federal medicare plan and in the health fund's medicare supplemental plan, the health fund shall reimburse their premiums exclusive of medicare penalties in an amount as specified and on a basis as determined by the board only if they pay their part B basic premiums to the Social Security Administration. (b) The health fund shall deny the reimbursement of medicare premium to persons who are receiving such payment assistance from private, public, or governmental organizations. Upon receipt of official notification that the person is no longer receiving payment assistance and is personally paying the medicare part B basic premium to the Social Security Administration, the health fund will reimburse the employee-beneficiary for the medicare premium. [Eff. 1/22/82; am 8/29/83; am 5/12/90; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §87-27)			Unnecessary as a rule; the use of Medicare part B employer contributions is a Trust decision.
§6-34-9	Employee organization. To participate in the health fund health benefits plan, each employee organization that has a health benefits plan shall apply for board approval by submitting to the board a copy of its charter and by-laws and			Unnecessary.

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	<p>a letter in which the employee organization:</p> <ol style="list-style-type: none"> (1) Identifies the name and address of the person who is authorized to represent the employee organization; (2) Certifies that its health benefits plan complies with all applicable State laws; and (3) Agrees that its health benefits plan complies and will continue to comply with the following requirements: <ol style="list-style-type: none"> (A) Maintain reasonable accounting and enrollment records and furnish such records and reports as may be requested by the board, its administrator, or the state comptroller; (B) Permit representatives of the board and state comptroller to audit and examine its records that pertain to its health benefits plan at reasonable times and places as may be designated by the board or the state comptroller; and (C) Accept adjustments for error or other reasons as may be required under chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 of title 6, administrative rules. <p>[Eff. 7/29/85] (Auth: HRS §87-30) (Imp: HRS §87-22.3)</p>			
	CHAPTER 35 CHILDREN'S DENTAL PLAN			
§6-35-1	<p>Persons eligible for coverage. Only the unmarried children of an employee-beneficiary who are under the age of nineteen are eligible for coverage in the children's dental plan. The plan and the contract do not provide benefits to unmarried children who are disabled and have reached their nineteenth birthday. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-4, 87-25)</p>			The child dental plan is integrated into a single dental plan under Chapter 87A, HRS.
§6-35-3	<p>Unmarried children who are employee-beneficiaries. Unmarried children who are under the age of nineteen who are employee-beneficiaries shall be eligible to receive</p>			Covered by eligibility rule and normally included in the summary plan document.

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	benefits under the dental plan. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-1, 87-4, 87-25)			
§6-35-4	Loss of eligibility. A child shall lose eligibility to receive children's dental plan benefits on the last day of the month in which the following events occur: <ol style="list-style-type: none"> (1) Marriage; or (2) Attains age nineteen; or (3) Enters active military service; or (4) When employee-beneficiary who provides the covering enrollment becomes ineligible for such enrollment. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-25)			Covered by eligibility rule and normally included in the summary plan document.
§6-35-5	Employee organization. To participate in the health fund dental plan, each employee organization that has a dental plan shall apply for board approval by submitting to the board a copy of its charter and by-laws and a letter in which the employee organization: <ol style="list-style-type: none"> (1) Identifies the name and address of the person who is authorized to represent the employee organization; (2) Certifies that its dental plan complies with all applicable State laws; and (3) Agrees that its dental plan complies and will continue to comply with the following requirements: <ol style="list-style-type: none"> (A) Maintain reasonable accounting and enrollment records and furnish such records and reports as may be requested by the board, its administrator, or the State comptroller; (B) Permit representatives of the board and State comptroller to audit and examine its records that pertain to its dental plan at reasonable times and places as may be designated by the board or the State comptroller; and 			Unnecessary.

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	(C) Accept adjustments for error or other reasons as may be required under chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 of title 6, administrative rules. [Eff. 1/22/82; am 7/29/85; am 3/7/88] (Auth: HRS §87-30) (Imp: HRS §87-22.5)			
	CHAPTER 36 GROUP LIFE INSURANCE PLAN			
§6-36-1	Persons eligible for coverage. Only employees as defined in chapter 87, Hawaii Revised Statutes, are eligible for coverage in the group life insurance plan. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-23, 87-25)			Normally included in the summary plan document.
§6-36-3	Insurance certificate. Each employee enrolled in the health fund life insurance plan shall be issued a certificate of group life insurance which summarizes the terms of coverage as stated in the master contract between the insurance carrier and the health fund. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-26)			Normally included in the summary plan document.
§6-36-4	Loss of eligibility. An employee shall lose eligibility to receive life insurance plan benefits on the last day of the month in which: (1) He or she becomes ineligible for such enrollment under chapters 30 through 36 of title 6, administrative rules; or (2) An employee organization life insurance plan cancels the employee's enrollment for non-payment of premiums or other reasons. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-26)			Normally included in the summary plan document.
§6-36-5	Beneficiary designation and release of information. An employee who is enrolled in the health fund life insurance plan shall designate a beneficiary or change the name of a designated beneficiary at any time by filing a beneficiary designation form identifying the person or persons. The			Normally included in the summary plan document.

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Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	beneficiary designation form shall be prescribed by the board. Information concerning an employee's beneficiary designation shall be made available only to that employee by the administrator in person or upon the employee's written request to the administrator. [Eff. 1/22/82; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)			
§6-36-6	Temporary extension of coverage and conversion privilege. Subject to chapters 30 through 36 of title 6, administrative rules, and the contract governing each plan, an employee who is enrolled in the health fund life insurance plan at the time the employee's employment is terminated shall be provided with continuous insurance coverage at no additional cost through the last day of the month of employment. Conversion rights under the health fund life insurance plan master contract shall not be available to persons who voluntarily cancel their enrollments in the health fund life insurance plan. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26)			Normally included in the summary plan document.
§6-36-7	Employee organization. To participate in the health fund life insurance plan, each employee organization that has a life insurance plan shall apply for board approval by submitting to the board a copy of its charter and by-laws and a letter in which the employee organization: (1) Identifies the name and address of the person who is authorized to represent the employee organization; (2) Certifies that its life insurance plan complies with all applicable State laws; and (3) Agrees that its life insurance plan complies and will continue to comply with the following requirements: (A) Maintain reasonable accounting and enrollment			Unnecessary.

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Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>records and furnish such records and reports as may be requested by the board, its administrator, or the State comptroller;</p> <p>(B) Permit representatives of the board and State comptroller to audit and examine its records that pertain to its life insurance plan at reasonable times and places as may be designated by the board or the State comptroller; and</p> <p>(C) Accept adjustments for error or other reasons as may be required under chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 of title 6, administrative rules.</p> <p>[Eff. 1/22/82; am 7/29/85; am 3/7/88] (Auth: HRS §87-30) (Imp: HRS §87-23)</p>			